KGA1210II.	AUGUST 1991	(BFD) ONB NO.: 0330				
	State: _	WASHINGTON				
Citation 1902(a)(52) and 1925 of		Families Receiving Extended Medicaid Benefits				
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in https://doi.org/10.1007/html/html/html/html/html/html/html/html				
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are				
		Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <u>ATTACHMENT 3.1-A</u> (or may be greater if provided through a caretaker relative employer's health insurance plan).				
-		Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:				
		// Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.				
		<pre>Medical or remedial care provided by licensed practitioners.</pre>				
		// Home health services.				
TN No. Supersedes TN No.	1/-22 Approval	Date 1/21/92 Effective Date 11/1/9/				
	-11_1_	HCFA ID: 7982E				

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	WASHIN	IGTON
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits
			Private duty nursing services.
			Physical therapy and related services.
		\Box	Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
		<u> </u>	Inpatient psychiatric services for individuals under age 21.
-		_7	Hospice services.
		_7	Respiratory care services.
		口	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.
TN No.	11-22		The Leave
Supersedes TN No.	S7-11 Approval	Date	1/2//62_ Effective Date

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB	No.:	0938-
	State:	WASHING	STON			
Citation		ilies Re ntinued)	ceiving Extended	i Medicaid	Benef	<u>Lts</u>
	(c) <u>/</u> /	fees, for h	gency pays the f deductibles, co ealth plans offe yer as payments	insurance ered by th	e, and s	similar costs taker's
			1st 6 months	<u>_</u> 7	2nd 6 r	nonths
		emplo	gency requires o yers' health pla bility.			
			1st 6 mos.		6 mos	•
	(d) <u>/</u> /	fa	e Medicaid agend milies during th tended Medicaid llowing alternat	ne second benefits	6-month	h period of
-			Enrollment in temployer's heal	the family ith plan.	option	n of an
			Enrollment in temployee health	the family n plan.	option	n of a State
		口	Enrollment in tuninsured.	the State	health	plan for the
			Enrollment in a organization (For less than 50 (except recipies)	MO) with percent	a prepadica	aid enrollment id recipients
TN No	Approval	Date	1/21/92 Es	ffective D	Date	11/1/91
TN No.	<u>~/L ·/ 3</u>		<u> </u>	HCFA ID:	7982E	

			314			
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB	No.: 0938-	
	State:	WASHINGTON			- 	
Citation	3.5 <u>Fa</u> (C	ontinued)		ded Medicaid		
		describes offered.	the alterna including re	HMENT 3.1-A s tive health o quirements fo s to services	are plan(s) r assuring	that
	(2)	The agenc	y			
				ms and enroll or such plan(.mposed
		(ii) Pay	s all deduct family for	ibles and coi such plan(s).	nsurance im	posed· o
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Effective Date

HCFA ID: 7982E

TN No. Supersedes

Approval Date